



*ITJ*

## FEE TRANSMITTAL

For FY 2005

### Complete if Known

<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number	10/537,928	
		Filing Date	May 30, 2006	
		First Named Inventor	Hao	
		Examiner Name	P. Dinh	
		Art Unit	2839	
<b>TOTAL AMOUNT OF PAYMENT</b>		<b>\$ 1,020.00</b>	Attorney Docket No.	A3-259 US

### METHOD OF PAYMENT (check all that apply)

☐ Check  
 ☐ Credit Card  
 ☐ Money Order  
 ☐ None  
 ☐ Other (please identify):

☒ Deposit Account  
 Deposit Account Number: 50-1873  
 Deposit Account Name: Molex Incorporated

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below  
   
 ☐ Charge fee(s) indicated below, **except for the filing fee**

☒ Charge any addtl. fee(s) or underpayments under 37 CFR 1.16 and 1.17 and credit any overpayments.

### FEE CALCULATION

<b>1. Basic Filing, Search and Examination Fees</b>					
	Filing Fees	Search Fees	Examination Fees	Fees Paid (\$)	
Utility	\$300	\$500	\$200	\$	
Design	\$200	\$100	\$130	\$	
Plant	\$200	\$300	\$160	\$	
Reissue	\$300	\$500	\$600	\$	
Provisional	\$200	\$0	\$0	\$	
<b>2. Excess Claim Fees</b>					
Each claim over 20 (including Reissues)					
<u>Total Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>			
11	-20 or HP= 0	x \$50	=	\$0.00	
Each independent claim over 3 (including Reissues)					
<u>Indep. Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>			
2	-3 of HP= 0	x \$200	=	\$0.00	
Multiple dependent claims		\$360	\$		
<b>3. Application Size Fee (over 100 sheets)</b>					
<u>Total sheets</u>	<u>Extra sheets</u>	Number of each addtl 50 (round up to whole #)	<u>Fee (\$)</u>		
-100 =	/50 =	x \$250	=	\$	
<b>4. Petition for Extension of Time Fees</b>					
Three months (37 CFR 1.17 (a)(3))				\$1,020.00	
<b>5. Other fee(s)</b>					
				\$	
				\$	
<b>TOTAL FEES</b>				<b>\$1,020.00</b>	

Name (Print/Type)	Robert J. Zeitler	Registration No. 37,973	Telephone (630) 527-4884
Signature	<i>Robert J. Zeitler</i>		Date <u>3/20/07</u>